8			7-	10-06		W 3.	621/8
AMEN	NDMENT 7	· ΓRANSMΙ'	TTAL LE	TTER		ket No. 9/014001	7
Applicatio	n No.	Filing (1	Examiner		Art Unit	1
10/082,758-Cd	onf. #5668	February 2	25, 2002	J. M. Winter		3621	
olicant(s): Chu	i-Shan Teresa	Lam et al.					
ention: METHO	DD AND APPA	RATUS FOR I	MANAGING A	A KEY MANAGEME	NT SYSTE	EM	
	TC	THE COMMI	SSIONER FO	OR PATENTS			
ransmitted here	with is an ame	ndment in the	above-identif	ied application.			
he fee has beer							
	· · · · · · · · · · · · · · · · · · ·	CLAIM	S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	5	- 35 =		X			
Independent Claims	4	- 9 =		x			
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Other fee (pleas	e specify):	nformation Discl	osure Stateme	nt		180.00	
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			180.00	
x Large Entity				Small Entity			
x No additiona	al fee is require	d for this amer	ndment.				
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A check in th	ne amount of \$		to cover	the filing fee is encl	osed.		
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x The Director	is hereby auth below. A dup	norized to chargelicate copy of	ge and credit this sheet is e	Deposit Account No enclosed.	o. <u>50-0</u>)591	
x Credit a	ny overpaymer	nt.					
x Charge a	any additional fil	ing or applicatio	n processing	fees required under 3	7 CFR 1.16	and 1.17.	
	#L0031	· ·	•				
HOSSA	ALY DO	Azz		Dated:	July 6, 2	006	.
Robert P. Lord	Pea No: 46	470					-

Attorney/Agent Reg. No.: 46,479

OSHA · LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600

Application No. (if known): 10/082,758

Attorney Docket No.: 09469/014001

Certificate of Express Mailing Under 37 CFR 1.10

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July 6, 2006

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Amendment Transmittal (1 page)
Amendment (7 pages)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (8 References) (8 pages)
Fee Transmittal (1 page)
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ses pursuant to the Consolidated Approp		Complete if Known			
		Application Number	10/082,758-Conf. #5668 February 25, 2002 Chui-Shan Teresa Lam J. M. Winter		
FEE TRANS	MIIIAL	Filing Date			
For FY 20	006	First Named Inventor			
		Examiner Name			
Applicant claims small entity stat	us. See 37 CFR 1.27	Art Unit	3621		
TOTAL AMOUNT OF PAYMENT	(\$) 180.00	Attorney Docket No.	09469/014001		
METHOD OF PAYMENT (check	all that apply)				

TOTAL AMOUNT OF PAYM	ENT (\$) 180.00		Attorney Docket	No.	09469/014001		
METHOD OF PAYMENT	(check all th	at apply)						
Check X Credit Care		oney Order	None	<u> </u>	please ident		_	
X Deposit Account Deposit	Account Numbe	50-0591	Deposit Acco	unt Name:		Osha Liang L	LP	
For the above-identific	ed deposit a	ccount, the C	irector is					
Charge fee(s) in	dicated belo	w		Charge	e fee(s) ind	icated below, ex	cept for t	he filing fee
Charge any add fee(s) under 37	CFR 1.16 a	ind 1.17		<u></u>	any overpa			
FEE CALCULATION (All				filing or may	be subje	ct to a surcha	rge.)	
1. BASIC FILING, SEARCH,								
		FEES Small <u>Entity</u>	SEA	RCH FEES Small Entity	EXAMIN	IATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees I	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description	- Daisauss)						50	25
Each claim over 20 (including Each independent claim over		Reissues)					200	100
Multiple dependent claims	5 (morading	5 110105000)					360	180
Total Claims Extra Cl	aims Fe	ee (\$)	Fee P	aid (\$)	Mu	ultiple Depende	nt Claims	
5 - 35 =					<u>Fe</u>	e (\$)	ee Paid (<u>\$)</u>
HP = highest numer of total claims								
Indep. Claims Extra Cl	aims Fo	ee (\$)	Fee P	aid (\$)				
49=								
HP = highest numer of independen	t claims paid fo	or, if greater than	n 3.					
3. APPLICATION SIZE FEE If the specification and drav	vinas avces	1 IOO cheets	of naner (excluding electr	onically fil	ed sequence or	computer	
listings under 37 CFR 1.	52(e)), the a	pplication si	ze fee due	e is \$250 (\$125 f	for small er	ntity) for each a	dditional 5	0
sheets or fraction thereof	See 35 U.	S.C. 41(a)(1)(G) and 3	37 CFR 1.16(s).				
	ra Sheets			Iditional 50 or frac				Paid (\$)
- 100 =		/50		(round up to a who	ole number)	×	=	Paid (\$)
4. OTHER FEE(S)	. \$120 foo	(no emall a	ntity dieco	unt)			rees	1 a.u. (4)
Non-English Specification Other (e.g., late filing sure	harael 10	OR Submiss	inn of an	unt <i>)</i> Information D	isclosure	Statement	18	80.00
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SUBMITTED BY								
Signature	Dorsa	# Lc031	ALY	DossA	Registration No. (Attorney/Agent)	46,479	Telephone	(713) 228-8600
Name (Print/Type)		ord					Date	July 6, 2006